

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Application No.: To be assigned
Filing Date: Currently here with
Attorney Docket No.: US20020289
Inventor Name(s): James E. Darnton et al.
Title: SPONSORED APPLIANCES

Express Mail Label No. EV 118532682 US

31281 U.S. PTO
10/17/1911
112103

APPLICATION ELEMENTS

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
Alexandria, VA 22313-1450

- Fee Transmittal Form
- Patent Application data Entry Form
- Specification comprising (23) pages, (25) claims.
- Drawings (Twelve) (12) sheets
- Partially Signed Declaration and Power of Attorney

ACCOMPANYING APPLICATION PARTS

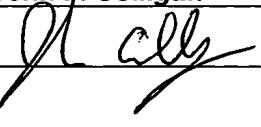
- Assignment Papers (cover sheet and document(s))
- Information Disclosure Statement (IDS)/PTO-1449
- Copies of IDS citations
- Preliminary Amendment
- Return Receipt Postcard
- Other:

IF A CONTINUING APPLICATION

- Non-Provisional or Provisional Continuation Divisional Continuation-in-Part (CIP) of prior application No: 60/319,760 Filed: 12/06/02.

CORRESPONDENCE ADDRESS

Name	WHIRLPOOL PATENTS COMPANY – MD 0750				
Address	500 Renaissance Drive Suite 102				
City	St. Joseph	State	Michigan	Zip Code	49085
County	Berrien	Telephone	269-923-5470	Fax	269-923-5778

Name	John F. Colligan	Registration No.	Date
Signature		48,240	11/21/03

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope addressed to the: Commissioner for Patents, Alexandria, VA 22313-1450.

Date: 11-21-03


Barbara L. Katowich

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U.S. PTO**FEE TRANSMITTAL FORM**

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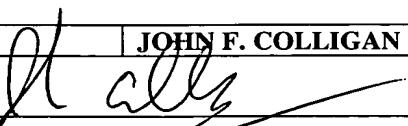
Total Amount of Payment **\$946.00**

CLAIMS AS FILED - PART I			OTHER THAN SMALL ENTITY		
	Number Filed		Number Extra	Rate	Fee
Basic Fee	1		0	\$770.00	\$770.00
Total Claims	25	-20	5	x \$18 =	90.00
Independent Claims	4	-3	1	x \$86=	86.00
				TOTAL FEE =	\$946.00

CLAIMS AS AMENDED - PART II

AMENDMENT A	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20		\$18	
Independent Claims		Minus			\$86	
				TOTAL FEE =	\$	

AMENDMENT B	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20	0	\$18	0
Independent Claims		Minus	3	0	\$86	0
				TOTAL FEE =	0	

SUBMITTED BY:		
Name	JOHN F. COLLIGAN	Registration No. 48,240
Signature		Date: 11/21/03

Charge Deposit Account No. 23-1660 in the amount of **\$946.00**

The commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to account 23-1660.